

KENPAC PROVIDER CHANGE OF INFORMATION FORM

This form is used to change or update the following information about your active KenPAC provider site:

- Change of Quota (maximum number of patients you want enrolled at your KenPAC site)
- Change in age range

Please complete the form and mail or fax to:

Kentucky Medicaid,
P.O. Box 2110,
Frankfort, KY 40602-2110
Phone (877) 838-5085
Fax (502) 564-3232

KenPAC Provider Name

_____, _____, _____
KenPAC Provider ID Number NPI (National Provider Identifier) Site Number
Must be completed in order to process the request

Change in Quota: List the maximum number of patients you want enrolled at your KenPAC site. Each KenPAC site may have up to 1500 patients per full-time MD, DO, and ARNP. Setting the quota to zero will prevent any additional patients from being enrolled and will maintain your current patients until they become ineligible for KenPAC. If you wish to allow family members or members of a case to be assigned regardless of quota, please check "Yes" in "Exceed Allowed Amount" box below.

Quota

_____**Yes** _____**No**
Exceed allowed amount?

Change in Age Range:

Age Range

Signed _____

Date _____

Title _____

Photocopy this form for additional changes.